U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number U -		
1. File Number U	1 100 4 5 000 1	ILLY BEFORE PREPARING THIS REPORT.
2. Fiscal Year Covered From: 1	Mil (2003)	
3. Name and address of person filing. Name KEVIN J MCCAFFREY A. Name, file number, and address of labor organization. Name HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707 Labor Organization File Number 033-570 P.O. Box, Bidg., Room No., if any SUITE 300 P.O. Box, Bidging and Room Number, if any SUITE 300 P.O. Box, Building and Room Number, if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code +4 11550-3602 State New York ZIP Code +4 11550-3602 State New York ZIP Code +4 11550-3602 State Inter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including losns) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). A. Manue Trade Name, if any: P.O. Box, Bidg., Room No., if any T.a. Nature of interest. Transaction, or income. Signature 15. Signature and verification. The undersigned declares, under penelty of Pejruy and other spiciable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Knowledge and Dellef, frue, correct, and complete. (See the section on penaltes in the instructions.) Signed J. W. A. S. S16-560-8501	Ms of	
A Name and address of person filling. Name REVIN A Name, file number, and address of labor organization. Name REVIN A Name, file number, and address of labor organization. Name REVIN A Name, file number, and address of labor organization. P.O. Box, Bildg., Room No., if any SUITE 300 P.O. Box, Building and Room Number, if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code +4 11550-3602 State New York ZIP Code +4 11550-3602 State New York ZIP Code +4 11550-3602 State New York A Hold an interest in, engaged in transactions (including loans) with, or derived norm or other economic benefit of morelarly value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of lemployer (including trade name, if any) T.a. Nature of interest, Transaction, or income. Trade Name, if any: P.O. Box, Bildg., Room No., if any T.b. Amount. Trade Name, if any: P.O. Box, Bildg., Room No., if any T.b. Amount. T.c. Signature and verification. The undersigned declares, under pensity of Perjury and other applicable penalties of the law, that all of the information summitted in this report (including the information curbalred in any economics in penalties in the instructions). Signature Co. 18-12-05 1516-560-8501	1. File Number U - 6/68	2. Fiscal Year Covered From:
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P.O. Box, Bldg., Room No., if any SUITE 300 P.O. Box, Bldg., Room No., if any SUITE 300 Street 14 FRONT STREET City HEMPSTRAD State New York ZIP Code +4 11550-3602 State New York ZIP Code +4 11550-3602 State New York ZIP Code +4 11550-3602 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monchatry value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. B. Nature of interest, Transaction, or income. Trade Name, if any: P.O. Box, Bldg., Room No., if any 7. B. Amount. Street 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
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B. Held an interest in or derived income or economic benefit with monetary was ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines tively seeking to represent, or	s	
8. Name and address of Business (including trade name, if any). Name Road Carriers Local 707 Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 301 Street 14 Front Street City Hempstead State New York ZIP Code + 4 11550-3602	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing		erl hal nama'ara dan silan gaya qayayaya
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	12.b. Amount.	\$2	,618
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		*Marketin colonial co
Name **Manager of the section of th	Turing and the state of the sta		Min and Control of the
Trade Name, if any:	- Andrewson and		elife internation
P.O. Box, Bldg., Room No., if any			Electronic department
Street	Action of the Control		Space services
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State ZIP Code + 4	The state of the s		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		Sign - Making Sign report

Name of Person Filing KEVIN MCCAFFREY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or athorying
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Street 14 Front Street City Hempstead State New York ZIP Code + 4 11550-3602	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Reimbursement for educational materials and testing fees for self study related to designation as a Cerified Employee Benefit Specialist through the International Foundation of Employee Benefit Funds.
	12.b. Amount. \$607
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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8. Name and address of Business (including trade name, if any). Name Road Carriers Local 707 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 14 Front Street City Hempstead State New York ZIP Code + 4 11550-3602	9. Business deals with: a. Labor Organization b. Trust c. Employer		
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Street 14 Front Street	11.b. Approximate dollar value of such dealing.		
City Hempstead	12.a. Nature of interest held or income received.		
State New York ZIP Code + 4 11550-3602	Reimbursementfor attendance at two out of town Fund meetings and two Educational Conferences. Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.		
	12.b. Amount. \$2,618		
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Trade Name, if any:			
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City			
State ZIP Code + 4			
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(including trade name, if any).			
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Trade Name, if any:			
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lame of Person Filing KEVIN MCCAFFREY		File Number U -
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines tively seeking to represent, or	s
8. Name and address of Business (including trade name, if any). Name Alliance Bernstein Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1345 Avenue of the Americas City New York State New York ZIP Code + 4 10105	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	na.
Name Road Carriers Local 707 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 301 Street 14 Front Street	Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffre a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.	ctive Bargaining Agent for the e Pension Fund. Kevin McCaffrey is ension Fund. Employer is an hired by the Pension Fund. The
	11.b. Approximate dollar valu	e of such dealing. \$72,000
City Hempstead	12.a. Nature of interest held	Anna consistencia de la consistencia della consistencia de la consistencia de la consistencia de la consistencia della consistencia della consistencia della consiste
State New York ZIP Code + 4 11550-3602	Dinner meeting ho	sted by several Investment ut 11-30-04.
	12.b. Amount.	\$20
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	<u> </u>
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		or when the state of the state
Street		
State ZIP Code + 4		
THE CONTROL OF THE CO	USERCE COM	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing KEVIN MCCAFFREY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Boyd Waterson Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1400 Street 1801 East 9th Street City Cleveland State Ohio ZIP Code + 4 44114	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Road Carriers Local 707 Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 301	11.a. Nature of such dealing. Union is the Collective Bargaining Agent for the participants in the Welfare Fund. Kevin McCaffrey is a Trustee on the Welfare Fund. Employer is an Investment Manager hired by the Welfare Fund. The Welfare fund pays the Investment Manager a fee.
Street 14 Front Street	11.b. Approximate dollar value of such dealing. \$76,000
City Hempstead	12.a. Nature of interest held or income received. Dinner meetings hosted along with several Investment
State New York ZIP Code + 4 11550-3602	managers on or about Feb. 22nd & 23rd, 2004 & Nov. 30th 2004.
	12.b. Amount. \$200
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Sent and demonstrativities to be man to case the desired to the man content of the desired to the th	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City	
State St	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing KEVIN MCCAFFREY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Cary Kane LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1350 Broadway City New York State New York ZIP Code + 4 10018	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Highway Local Motor Freight, Teamsters Local Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 14 Front Street City Hempstead	Employer is a law firm which is counsel to the Union. 11.b. Approximate dollar value of such dealing. \$42,000 12.a. Nature of interest held or income received.
State New York ZIP Code + 4 11550-3602	Employer sent a fruit basket at Christmas for the Union office staff. It was addressed to Kevin McCaffrey.
	12.b. Amount. \$50
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City Carrier Control C	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing KEVIN MCCAFFREY	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name ING Capital Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 230 Park Avenue City New York State New York ZIP Code +4 10169	a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Road Carriers Local 707 Pension Fund Trade Name, if any:	11.a. Nature of such dealing. Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.		
P.O. Box, Bldg., Room No., if any Suite 301 Street 14 Front Street			
	11.b. Approximate dollar value of such dealing. \$15,000		
City Hempstead State New York ZIP Code + 4 11550-3602	12.a. Nature of interest held or income received. Dinner meetings hosted by several Investment Managers on or about 4-15-04, 11-30-04.		
	12.b. Amount. \$60		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City State TIP O all a series de la constitución			
State St			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing KEVIN MCCAFFREY	File Number U -
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adjrectly to or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Makay Shields	percopany
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 9 W. 57th Street	c. Employer
City New York	
State New York ZIP Code + 4 10019	·
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Road Carriers Local 707 Pension Fund	Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund. Employer is an
Trade Name, if any:	Investment Manager not doing any business with the Union or Funds.
P.O. Box, Bldg., Room No., if any Suite 301	
Street 14 Front Street	
City Hempstead	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.
State New York ZIP Code + 4 11550-3602	Dinner meeting hosted by several Investment Managers on or about 12-1-04.
	12.b. Amount. \$50
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State State State	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing KEVIN MCCAFFREY		File Number U -
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or directly to or otherwise.	3
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Oak Associates	pursoin a late of Oscaria d	
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 3875 Embassy Parkway	C. Employer	
City Akron		
State Ohio ZIP Code + 4 44333		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ng.
Name Road Carriers Local 707 Pension Fund	Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffre a Trustee on the Pension Fund. Employer is an	
Trade Name, if any:	Investment Manager	hired by the Pension Fund. The the Investment Manager a fee.
P.O. Box, Bldg., Room No., if any Suite 301	PRODUCTION	
Street 14 Front Street	11.b. Approximate dollar value of such dealing.	a of euch dadina
City Hempstead	12.a. Nature of interest held	Restronness Substitute on a processor consequent processor and consequences of the con
State New York ZIP Code + 4 11550-3602	Language and the second	sted by several Investment
	12.b. Amount.	\$20
C. Received from any employer (other than an employer covered unde	A I D ah)	The state of the s
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name (Minimum and the second	National Control of the Control of t
Trade Name, if any:	Toronta November State S	
P.O. Box, Bldg., Room No., if any		
Street		Tributania del Carlo del C
City	The second secon	Table to the control of the control
State ZIP Code + 4	En el alament el nome sou en s	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing KEVIN MCCAFFREY	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Oppenheimer Capital		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1345 Avenue of the Americas	c. Employer	
City New York		
State New York ZIP Code + 4 10105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Road Carriers Local 707 Pension Fund	Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund. Employer is an	
Trade Name, if any:	Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.	
P.O. Box, Bldg., Room No., if any Suite 301		
Street 14 Front Street		
City Hempstead	11.b. Approximate dollar value of such dealing. \$96,000 12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 11550-3602	Dinner meetings hosted by several Investment Managers on or about 2-23-04, 4-15-04, 6-17-04, 11- 30-04.	
	12.b. Amount. \$275	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name (Tributania de la compania del compania del compania de la compania del compania de	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	Port of the second seco	
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing KEVIN MCCAFFREY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Rothchild Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1251 Avenue of the Americas City New York State New York ZIP Code + 4 10020	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Road Carriers Local 707 Pension Fund Trade Name, if any:	Union is the Collective Bargaining Agent for the participants in the Pension Fund. Kevin McCaffrey is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.
P.O. Box, Bldg., Room No., if any Suite 301	
Street 14 Front Street	11.b. Approximate dollar value of such dealing. \$7,000
City Hempstead	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 11550-3602	Dinner meetings hosted by several Investment Managers on or about 1-27-04, 2-23-04, 5-18-04,11- 30-04, 12-1-04. Sponsored the cost of participation in James R. Hoffa Scholarship Fundraiser.
	12.b. Amount. \$1,500
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Trade Name, if any:	The state of the s
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.